

**ROTHERHAM Doncaster & SOUTH HUMBER NHS FOUNDATION TRUST IN PARTNERSHIP WITH
ROTHERHAM METROPOLITAN BOROUGH COUNCIL**

Managers Briefing

‘Listening to Experience’

In 2010, MIND commissioned an independent inquiry into the provision of acute and crisis mental healthcare with emphasis being on the experience of those individuals who use these services and what really mattered to them. Information gathered and presented to the inquiry panel came from a variety of sources, including the MIND website and network, panel hearings, meetings and visits.

Over the course of the inquiry the panel of experts commissioned established that nationally there are some excellent examples of crisis and acute care which demonstrated how the hard working dedication and commitment of staff and managers have made a positive difference to the experience of individual who are in receipt of mental health care. Indeed as noted in the executive summary of the report ‘Listening to Experience:

“ there is no doubt that good acute and crisis care is achievable. We heard about good examples of care, courteous and helpful staff and well designed environments. There were staff teams with a can-do spirit and approach, getting on and making improvements and positive efforts to help people in crisis and their families”.

However, over the course of the inquiry the panel also found that some individuals were not receiving the care and support they needed when they needed it. Yet in spite of this they argue that the quality of the evidence heard by the panel confirmed their opinion that acute and crisis care can be made ‘fit for the 21st century’, through what they describe as a ‘paradigm shift on the way services are conceived and delivered’, and a refocusing in on the four areas identified below

- Humanity
- Commissioning for people’s needs
- Choice and Control; and
- Reducing the medical emphasis within acute care and facilitating a more collaborative, person-centre approach in bringing about healing and recovery.

Therefore, In order to demonstrate a meaningful analysis of this report in the context of how acute and crisis care is delivered in Rotherham the template below has been designed to provide up to date assurance relating to each individual recommendation.

MIND 'Listening to experience'

SUMMARY OF RECOMMENDATIONS & CURRENT SITUATION IN ROTHERHAM JANUARY 2012

Recommendation	Service Area	Current Situation	Further Action Required
1. HUMANITY			
Think of people using hospital and other building-based services as guests as well as recipients of care. What standard of hospitality are you offering – in terms of welcome, comfort, cleanliness, atmosphere and food? Invest in the care and working environments as needed.	Inpatient	<p>In June 2011 the new adult acute inpatient unit opened to patients at Swallownest court. There was a wide consultation with all stakeholders in respect of the design of the new unit, and there has been an imaginative use of light, colour, and artwork around the unit. The unit has been designed with a large spacious reception area, and provides a private family visiting room.</p> <p>The satisfaction of service user and carers /relatives is monitored through a quarterly questionnaire. During quarter, 2 82.4% respondents for Rotherham reported as finding the unit welcoming. , and 78% were very satisfied with the cleanliness. Comments were also made on the questionnaires with an example below.</p> <p>“From my point of view this is the best treatment I have ever had from Domestic to Managers and I have no complaints whatsoever and wish I had had this treatment over 30 years ago. I have not felt like I have been in hospital at all.”</p>	The level of service user and carer satisfaction will be subject to on going monitoring.
	Community	<p>As a result of the transforming of Adult Community Mental Health Services, new teams were created to offer timely, appropriate and effective services prompting wellbeing and recovery. As part of the changes the team bases were refurbished to improve, the environment service user would be expected to be seen in.</p> <p>Customer care training has been instigated with a focus on training crisis team staff in order to promote a change in culture.</p>	

<p>Ensure that services offered are appropriate and effective and tailored to meet individual needs, and that they promote wellbeing and recovery.</p>	<p>Inpatient</p>	<p>There has been a recent review of care planning and clinical record keeping within the Adult Acute Inpatient services. The unit now has one multi disciplinary clinical record in place for each patient, and the care plans are personalised to meet the needs of each individual patient.</p> <p>A named Nurse roles and responsibilities booklet has been issued in which sets out clear standards around personalisation of care and record keeping.</p> <p>Clinical records are audited on a regularly basis to ensure compliance with the required standards.</p> <p>There is a system of unannounced visits to the wards by the Deputy Directors of Nursing, and as part of this care plans are checked to ensure they are meet individual need.</p> <p>Patients who are subject to detention under the Mental Health Act 1983 have their care plans reviewed regularly by the Mental Health Act CQC inspectors.</p> <p>Action plans are in place from both the clinical records audits and unannounced visits’.</p> <p>All inpatient staff have recently had a mandatory presentation on personalised care planning.</p> <p>WRAP training is provided to staff, and the recovery star is also used on the inpatient wards.</p>	
	<p>Community</p>	<p>The modernisation of Adult Community Services uses a needs led stepped care model grounded in evidence based practice and clear clinical pathways for the range of needs identified for service users. This will incorporate both individual and group treatments and interventions, delivered by an integrated health and social care staff team</p> <p>As part of recent developments with PCT’s service have transferred to local providers, and in Adult Mental Health, this has resulted in Primary Care Mental Health</p>	

		<p>Services being incorporated into an integrated model of practice that allows seamless care for services user moving between primary and secondary services. In order to deliver this, staff training and development identified through the training needs analysis for the Adult Community Services is addressing specialist knowledge and skills for particular clinical presentations.</p> <p>New care plan documentation has been developed with views from service user groups, it is easy to read and personalised. A service user development worker is supporting this initiative.</p>	
<p>Adopt and encourage a style of leadership that is engaging – with a focus on serving, enabling and including people.</p>	RDaSH	<p>RDaSH has long established management and leadership training programmes.</p> <p>As part of the training and development programme the organisation has developed and enhancing training programmes related to Leadership and Management</p> <p>Service quality and customer care, patient satisfaction is on all agenda's within community services.</p>	<p>Adult Community Service are working closely with Learning and Development department to look at leadership training across all grades and disciplines</p>
<p>Make equality and human rights central to the organisation's ethos and practice and make this meaningful in practice; for example, in how performance is assessed and through patient information.</p>	RDASH	<p>Staff in the community services receive a range of training both at induction and updates on the following areas:</p> <ul style="list-style-type: none"> Equality and Diversity Mental Health Act Mental Capacity Act DoLS Compliments & Complaints Cultural Diversity <p>These are also supporting policies and procedures outlining the Trust's expectation in the above areas</p> <p>There are also on-going internal audits carried out in these areas and reports generated</p> <p>The organisation (which the Adult Business Division is part of) are monitored by external agencies (Monitor and CQC)</p>	

<p>Recruit and develop staff on the basis of their values and personal qualities as well as their skills.</p>	<p>Community</p>	<p>The Adult Business Division has access to both Health and Local Authority policies and procedures that cover both recruitment and training of staff</p> <p>Service users are invited to be part of interview panels when interviewing for community posts.</p> <p>During workforce planning and development, job descriptions and person specifications are reviewed ensure best match for the post.</p> <p>In terms of day-to-day working staff are monitored via supervision and on an annual basis through Personal Development Reviews, where their values skills and personal qualities are reflected on</p>	
	<p>Inpatients</p>	<p>Inpatient services are currently piloting service users being on the interview panels in one of the other localities and subject to evaluation, this will be rolled out later in the year.</p>	
<p>Encourage and support staff through regular supervision, reflective practice, adoption of easy wins and celebration of good work. Reinforce boundaries that allow for warmth and ordinary social interaction as well as professionalism.</p>	<p>All Areas</p>	<p>The Trust and Local Authority have developed supervision policies for both management and clinical practice. There is also a training programme in place for supervisors</p> <p>The monitoring of and frequency and quality of supervision is identified through supervision records held within the teams.</p> <p>Staff team building and practice development forums are encouraged and supported.</p>	<p>There is a need to look at training about boundaries between staff and service users/carers</p>
<p>Motivate and develop staff through planned rotations; the advantage of this for ward staff includes seeing people in the context of their day-to-day lives and when they are less unwell.</p>		<p>At present, there are limited opportunities for secondments to occur between areas. However, in community services there is a commitment to rotate staff when opportunities arise and on an individual needs basis.</p>	<p>Need further work with RDASH HR & RMBC HR to consider practicalities of how this might operate.</p>
<p>Support teams where there has been a serious incident and ensure there is effective learning for the whole organisation as well as accountability.</p>	<p>All Areas</p>	<p>The Trust has an identified policy in relation to reporting of serious incidents.</p> <p>This will trigger automatically an investigation where a panel of investigators will undertake an investigation based on the</p>	

		<p>NPSA agreed Root Cause Analysis methodology.</p> <p>The Adult Business Division has invested in the training of a pool of investigators with the NPSA training programme. There are plans for this to be run in-house for all staff and team manager to ensure that all staff within the service to have a good understanding serious incident management.</p> <p>At the end of each investigatory process, a panel makes recommendations, which are subsequently implemented locally in the area where the incident occurred. In addition to this where recommendations are relevant to other service areas these are disseminated accordingly.</p> <p>Each recommendation is monitored internally to ensure that lessons learned are implemented and shared.</p> <p>Each investigation is also assessed externally by a panel sitting in the health commissioning team and will only be signed off when all recommendation have been implemented.</p> <p>In order to ensure that this information is shared appropriately the Adult Business Division has a patient safety sub-group which centralises reports from investigations, shares lessons learned, and produces a regular bulletin to update staff on specific themes</p>	
<p>Take robust action in the cases of staff whose behaviour is detrimental to the recovery, wellbeing and human rights of those in their care.</p>	<p>Inpatient and Community</p>	<p>Both the Trust and the Local Authority have staff performance policies in place. These policies are implemented manage staff whose actions may be detrimental to service user's health and wellbeing.</p> <p>Adult safeguarding is given a high priority, safeguarding training is regular and uptake is good, investigators are easily and quickly deployed as concerns are raised</p> <p>There are a number or ways both informal and formal in which concerns relating to staff behaviour can be registered.</p> <p>Complaints regarding members of staff are monitored and where concerns are identified on three occasions this</p>	

		<p>triggers a letter to the Assistant Director for action.</p> <p>Nominated HR representatives are available to support managers in any disciplinary procedures</p> <p>Practice issue is also address through regular supervision and where appropriate training opportunities identified to address knowledge or skill deficits</p>	
<p>Commit to working without violence and, in England, consider training in approaches such as Respect and Studio III. The All Wales NHS Violence and Aggression Training Passport and Information Scheme already teaches face to-face safe holding where a hands on intervention is required.</p>	Inpatients	<p>It is a requirement of the Trust that all clinical staff working on the adult acute inpatient wards attend the Trust approved managing work related violence training, and receive a yearly update.</p> <p>All episodes of restraint are documented and in the event of an incident, arising as a result of restraint or a complaint being made a full investigation will be undertaken.</p>	
<p>Ensure that mixed sex accommodation (see p.16) is eliminated and that safety and privacy are prioritised. Where possible offer the option of exclusively single-sex wards.</p>	Inpatient	<p>The adult inpatient wards in Rotherham offer single en suite bedrooms, which are on dedicated male and female corridors. There is a female only lounge and garden on the female corridor.</p> <p>Clear male female signage is in place.</p> <p>The Trust has declared compliance with the required standards.</p>	
<p>Continually check how you are doing through feedback from people using the service. Use a range of mechanisms to ensure that all are enabled to take part; for example, exit interviews and independently facilitated group feedback. Mind can advise you on this.</p>	Community	<p>The Adult Business Division has a range of methods for receiving feedback on its performance, which include:</p> <ul style="list-style-type: none"> • Routine use of Your Opinion Counts questionnaire • Compliments and Complaints • Quarterly service user and carer satisfaction survey • Surveys commissioned on behalf of the Trust by independent organisations (Picker Institute) • Various service and carers groups in the community • User/carers partnership forum • Team specific questionnaires • Issues log in Rotherham for GP feedback 	
<p>Ensure outcome measurements are used routinely including service user satisfaction</p>	Community	<p>Where feedback from outcomes measures and surveys indicate need to improve, the Business Division is tasked with providing an action plan to implement improvements</p>	

		which are then monitored in the next cycle of monitoring	
2. COMMISSIONING FOR PEOPLE'S NEEDS			
Consider the types of service provided and how you can expand the range of options in line with local needs and preferences – these may include crisis houses, non-residential crisis services, host families, retreats, hotels, peer/survivor-led services.	Community	<p>The Adult community service has a range of services that ensure that service user's needs are met in the least restrictive and most appropriate environment. These include:</p> <ul style="list-style-type: none"> • Home treatment function • Crisis beds (managed by Rethink) which provide a social care alternative to hospital admission • A carers team that supports relatives in their day-to-day caring role 	
3. CHOICE & CONTROL			
Carry out joint crisis planning with people who may need to access acute care again in future. Ensure it is negotiated in a structured way that empowers the person whose care it is and allows them final sign off. Involve any friend, family member or other supporter the person wishes to include and ensure buy-in from the whole care team.	Community	<p>Whilst a service user is under the care of services relationships are developed in partnership with their care coordinator/lead professional/ carer(s), a crisis, contingency and care plan.</p> <p>Service users also have the opportunity to produce their own WRAP plans, and work within specific WRAP groups offer the service user the opportunities to express their preferences around future care and support needs.</p> <p>Service users in readiness for discharge will work closely with their care team to develop a discharge plan that prepares them for possible relapse and action they or their carers can take in the event that their mental health deteriorates.</p>	
Approach risk assessment, or safety planning, in a similar recovery-oriented way that sets out to understand the person's own perspective on what they need in order to be and feel safe.	Community	<p>Any risks identified from the service user and carer feedback during their assessment or review are incorporated into a risk management plan, and where appropriate their WRAP a plan is available (this is based on the understanding that not all service users are able to produce their own WRAP plan at that stage of their illness)</p> <p>Risk management training is being prioritised across the division and an external trainer has been deployed with a recovery-orientated approach to risk management.</p>	

Provide for more direct access into secondary mental health services for those who have previously been service users (this will be mandated in Wales under the Mental Health Measure).	Community	Currently all service users discharged from services return through single point of access.	
Allocate funds for teams to spend in flexible, personalised ways for those service users who do not choose the full personal budget or direct payment route.		Currently not an option under consideration	Further work required
Support and equip staff teams in positive risk taking.	Inpatients and Community	In 2012, the Trust is introducing a new risk assessment tool (FACE) which in conjunction with the comprehensive risk assessment training programme will revisits positive risk taking. In 2012 all staff in the Adult community and inpatient services are to undertake mandatory risk assessment training (STORM, FACE) as part of the Trust risk management programme	
Ensure that service users moving into more secure provision have a care co-ordinator they trust, who can support them through this transition and back into non-custodial care when possible.	Community	As part of the Care Programme Approach, any service user who is placed in secure provision unit will continue to receive support from their care co-ordinator who will maintain that links regardless of length of time that they are in secure provision. Once discharge is being considered, the care coordinator will be central to the management of the service user's return to their community.	
Agree to a change of consultant when requested, unless there is a good reason not to do so	Inpatients and Community	The Trust has policy in place to request a change in worker (which includes consultants).	
4. A SHARED APPROACH TO HEALING & RECOVERY			
Consider the mix of staff and how they are used – where specific healthcare professionals	Community	All service users have an agreed care plan which not only identifies the service users' needs but also the most	

are needed, where support workers could be more helpful, where direct lived experience of mental health problems will be of particular value.		appropriate member of staff to meet that specific need.	
Consider ways of strengthening community links; for example, through well planned visits, or involving people such as educators, artists, health trainers and volunteers in wards and other services.	Community	The Trust is proactively involved in the development of community links and volunteers assist in a range of settings including education, community and inpatient areas.	
Develop the role of peer supporters and recruit from BME groups.	All Areas	The Trusts has an equal opportunity recruitment policy and documentation. All departments adhere to this requirement.	
Support the leadership of non-medical clinicians and team managers.	Inpatients and Community	The Trust has Implemented new ways of working which has moved leadership into the team structures. Non-medical professional leadership is also provided through the Social work and Nurse Consultant roles, and professional leadership for Physiotherapists. In the division, we are developing a clinical leaders network, incorporating medical and non-medical clinical leads, of which there are 11 staff with clinical leadership within 50% of their job roles.	
Ensure maximum availability of psychiatrists for the decisions and input for which they are needed.	Community	With the Implementation of new ways of working, Consultant psychiatrist and other medical staff working as part of the team members and provide targeted input when necessary.	
Develop support roles (peer or otherwise) for people who need sustained social contact during their crisis.	Community	Provision of Community Support Workers in treatment teams & access team. Ongoing partnership with voluntary sector providers such as Richmond Fellowship, SYHA and Cedar House	
5. RECOMMENDATIONS FOR STAFF TEAMS			
Share something of yourself in interactions with people using your service – not all your problems, but enough of your life to engage on an ordinary human level.	All Areas	All professional staff are aware of appropriate/inappropriate disclosures and are bound by their own professional bodies code of conduct	
Know who people are, acknowledge them by name, and ask them how they are.	All Areas	Professional courtesy and practice is an expectation of our organisation	

Provide introductory information about the crisis team members who are most likely to visit a person at home.	Community	Information is currently available	Access Team to review information provided to service users.
Try and ensure continuity of contact – not different people visiting individuals at home.	Community	In order to enhance relationships and achieve a consistency of worker continuity a system of pre booking home treatment appointment is available	
Provide different means for people to contact your team – for example, telephone, text for a call-back, email, ring and walk-in between certain hours of the day.	Community	There are variety of ways for service users and carers to contact their respective teams, which include: <ul style="list-style-type: none"> • Telephone numbers • Texts • Direct access to a team base (drop-in) GP's and other professionals can also access services by email if required.	
Make proactive contact with the people you are worried about.	Community	In all instances where there is a concern regarding a service user, staff involved in their care will escalate contact, which may extend to other services and contacts with their carer(s). Other teams within the Adult community service may be included in the increasing level of contact (i.e., crisis, home treatment services) A community engagement policy is being developed.	
Make commitments – such as going for a walk with someone or having a one-to-one – that you can keep.	Community	All service users are given appointments as part of their on-going contact. How that time is used is identified within the individuals care plan	
When someone comes into hospital in an emergency, unless it is really impossible, let them pack a bag.	All Areas	Every consideration is given in seeking to maintaining the dignity of the service user, including allowing them to prepare for any admission to hospital.	
Make sure you can provide toiletries and a change of clothes for those who need them.	Inpatient	Each ward carries essential supplies of toiletries, which are issued to any patients who do not bring their own. There is a patients laundry on site which patients can use free of charge to launder their clothes. Assistance is given by staff as required.	
Check everyone is getting good and varied	Inpatient	For the rehabilitation and recovery ward at Swallownest	

food they can enjoy.		<p>there is a system of self catering in place.</p> <p>On the acute wards satisfaction with the menu choice and quality of food is monitored through the quarterly satisfaction survey, and at the regular patient meetings which are held on the wards.</p>	
Celebrate birthdays and personalise care – tap any sources you can for presents.			
Take inpatients' concerns about security of belongings seriously.	Inpatient	<p>All inpatient have their own personal safe in their rooms in which they can keep their personal valuables.</p> <p>There is also a question on the quarterly satisfaction survey in respect of how secure patients feel their personal belongings are.</p>	
Review how inpatients' things are looked after while they are on short-term leave and someone else is in their room.	Inpatient	<p>When going on leave patients have the option of either having their bedroom locked, or packing any belongings they are not taking with them into secure storage.</p> <p>In the event that a patient is on leave and their bedroom needs to be used by another patient their belongings would be logged by two staff members, and put into secure storage.</p>	
Test your practice against standards based on recovery and service user feedback.	Inpatients and Community	<p>Ongoing service monitoring and review.</p> <p>Service user feedback is provided in a number of ways:</p> <ul style="list-style-type: none"> • Satisfaction surveys. • Ward meetings. • Complaints monitoring. • Your opinion counts forms. • From the local collaborative meeting. • From the Acute Care forum. • 	
Commit to working in non-violent ways and use de-escalation techniques first.	Inpatients	<p>It is a requirement that all clinical staff working on the adult acute inpatient wards attend the Trust approved managing work related violence training, and receive a yearly update. This training includes the use of de-escalation techniques, and advocates that full restraint is only ever used as a last resort.</p>	
	Community	<p>Community staff are trained in de-escalation and breakaway techniques.</p>	

Help look after the care/working environment so that people feel cared for too.	All Areas	The majority of Trust buildings have been refurbished and maintained on a regular cycle. However, it is important recognise that the a large proportion of individuals who use services are not seen in team bases.	
Look beyond the mainstream service for community resources that might help you better meet the needs of the people you are working with.	Community	Staff in partnership with the service user will make an effort to make links with appropriate voluntary organisations, community groups, employment and vocation training, local colleges and education establishments as part of the service users recovery.	
Proactively tell service users about advocacy and encourage them to access it.	Inpatients	Service users who are detained following the 2007 amendments to the act have automatic access to IMHA. The Trust has a contract with an independent provider for the provision of advocacy to the inpatient wards. Information about the advocacy service is displayed on the wards, and the advocates have an office /interview room in the reception area at Swallownest Court.	
	Community	Service users, where required, are informed of the Independent Advocacy Service and will be supported if they wish to contact them.	
Trust what people tell you they need.	Inpatients and Community	During every contact staff will continue to assess/review the needs of the services users and attempt to address needs through their the care plan	
Ensure the people you work with have copies of their own care plans and that what they most want healthcare staff to know is at the top.	Inpatients	All patients on the inpatient units are asked to sign their care plans, and are offered a copy, which they can keep in their own care file.	
	Community	Most service users in the community will have been involved in the development of their care plan and will have a copy. This is based on the understanding that not all service users are able to engage in the development of their care plan at that stage of their illness. However, service user care plan are regularly reviewed	